2000 UNIFORM RUSINESS REPORT (URR)

	JOHN OIM BOO	MILOO HEI OI	100			' کم ا	<i>_</i> :	しり	
DOCUMENT #, N9400002754 1. Entity Name 37 BAY HILL COVE HOMEOWNERS' ASSOCIATION, INC.						<i>a</i> √,✓	N.		
					חם	FILED MAR 20 PM I	O. 15		
Principal Place of Business Mailing Address					0.0	TON CO FILE	Z: 12		
2180 WEST SR 434. STE. 5000		2180 WEST SR 434. STE. 5000			JAH	CRETARY OF S LAHASSEE, FL	TATE		
LONGWOOD F	L 32779-5044	LONGWOOD FL 32779		{		באוואטטבב, דנ	ORIDA		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SPACE		
City & State		City & State			4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Country		5. Certificate	of Status Desired	S8.75 Ad Fee Require		
	6. Name and Address of Currer	nt Registered Agent	Name		7. Name and	Address of New Reg	istered Agent		
HART, JAMES W JR				Street Address (P.O. Box Number is Not Acceptable)					
2180 WES	ST SR 434, SUITE 5000					 			
LONGWO	OD FL 32779-5044		City	<u>.</u>			FL Zip Coo	le	
8. The above	named entity submits this statement	for the purpose of changing its re	egistered office o	or registered	d agent, or both	n, in the state of Florid	a.		
					90	000315 -03/29/00	18739- 01064-02	<u>-</u> :2	
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable (NOTE I	Registered Agent signa	sture required wh		*****61.7	25 ***** <u>61</u>	25	
	orginadio, types or printed that is to registered ago								
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.					Check Payable to rtment of State	ָ י	
10.	OFFICERS AND D	DIRECTORS	11.		DITIONS/CHA	ANGES TO OFFICERS	AND DIRECTORS II	V 10	
TITLE	VP	☐ Delete	TITLE NAME	PD RICH	ARDSON,S	SIISAN	☐ Change	Addition	
NAMÉ STREET ADORESS	SPURGEON, MICHAEL 8719 GREAT COVE DR		STREET ADDRESS	8823	GREAT (COVE DR.			
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	1.	NDO, FL.	. 32819			
TITLE NAME	TD Burns, John	K Delete	TITLE NAME	VD BROO	KE,CHRIS	STOPHER	☐ Change	X Addition	
STREET ADDRESS	8816 GREAT COVE DR		STREET ADDRESS	1 8702	GREAT (NDO, FL.	COVE DR.			
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP					57 4440	
TITLE NAME	D Hash, Carrie	Delete	TITLE NAME	SD SPURG	EON, MIKE		∡ Change	Addition	
STREET ADDRESS	8744 GREAT COVE DR		STREET ADDRESS	87,19.	GREAT CO	OVE ,DR:			
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	TD	DO; FL:	32819	57 Ob	Addition	
TITLE NAME	D Qubty, Jeanna	Delete	TITLE NAME	SPRI	NGALL,TO		K Change	☐ YOUROU	
STREET ADDRESS	8725 GREAT COVE DR		STREET ADDRESS		GREAT (NDO, FL				
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	UKLA	HUU, FL	. 72017	₹ 7 Chance	Addition	
TITLÉ NAME	PD Damon, Thomas	☐ Delete	TITLE NAME		N,TOM		K Change	. Nonlinu (۳۳	
STREET ADDRESS	1		STREET ADDRESS	8828	GREAT (
	8828 GREAT COVE DR			1 /101 **	NDO EI	4/210			
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP		NDO, FL.	. 32819		Addition	
CITY-ST-ZIP TITLE	ORLANDO FL 32819 SD	Æ Delete	TITLE	D	<u> </u>		☐ Change	Addition	
CITY-ST-ZIP	ORLANDO FL 32819	X ☐ Delete	 	D BADD 8641	<u> </u>	RY (SKIP) COVE DR.	☐ Change	Addition SP	

ORLANDO FL 32819 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

O. SHURRICHARDSON

Daytime Phone #

MILLER, HENRY 8732 GREAT COVE DR. ORLANDO, FL. 32819

ADDITION

ADDITION



D QUBTY, JEANNA 8725 GREAT COVE DR. ORLANDO, FL. 32819

ADDITION

D WHITAKER, KELLY 8816 GREAT COVE DR. ORLANDO, FL. 32819